

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Elect April Freeman

ADDRESS (number and street)

Elect April Freeman

2124 NE 15th Terrace

Check if different
than previously
reported. (ACC)

Cape Coral

FL

33909

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00541359

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

19

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
10 / 01 / 2013

through

M M / D D / Y Y Y Y
12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Amanda Jean Piter

Signature of Treasurer

Ms. Amanda Jean Piter

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 30

Write or Type Committee Name

Elect April Freeman

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	23003.46	23003.46
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	23003.46	23003.46
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14123.91	18353.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	14123.91	18353.51
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8879.55	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2119.06	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 30

Write or Type Committee Name

Elect April Freeman

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

15000.00

15000.00

(ii) Unitemized.....

3003.46

3003.46

(iii) TOTAL of contributions from individuals ▶

18003.46

18003.46

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

5000.00

5000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

23003.46

23003.46

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

2119.06

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

2119.06

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

23003.46

25122.52

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 30

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14123.91	18353.51
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	60.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	14123.91	18413.51

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23003.46
25. SUBTOTAL (add Line 23 and Line 24).....	23003.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14123.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8879.55

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elect April Freeman

Full Name (Last, First, Middle Initial)

Judith Bloom

Mailing Address 111 W 3rd Ave

Apt 201

City

San Mateo

State

CA

Zip Code

94402-1563

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/a

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2013

Transaction ID : VN8ZPBTDMT0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

ARNOLD COHEN

Mailing Address 500 Bayview Dr

Apt 1120

City

Sunny Isles Beach

State

FL

Zip Code

33160-4749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2013

Transaction ID : VN8ZPBF0D5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Jeffrey Davis

Mailing Address 4738 NW 38th St

City

Gainesville

State

FL

Zip Code

32605-1036

FEC ID number of contributing
federal political committee.

C

Name of Employer

U of Florida Law School

Occupation

Professor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		25		2013

Transaction ID : VN8ZPBT7WD8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

750.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elect April Freeman

Full Name (Last, First, Middle Initial)

Democratic Party of Lee County

Mailing Address 10051 McGregor Blvd

City

Fort Myers

State

FL

Zip Code

33919-1090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : VN8ZPBVG508

Amount of Each Receipt this Period

300.00

* In-Kind: Office Space for October - November - December 2013

Full Name (Last, First, Middle Initial)

Kathleen E Duffy

Mailing Address 855 San Carlos Dr

City

Fort Myers Beach

State

FL

Zip Code

33931-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

GODDESS

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

269.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2013

Transaction ID : VN8ZPBSREK7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

John Fernandez

Mailing Address 3150 Shorewood Ln
Apt 201

City

Fort Myers

State

FL

Zip Code

33907-6507

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Fernandez Photography

Occupation

Owner/Photographer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2013

Transaction ID : VN8ZPBF4EX5

Amount of Each Receipt this Period

500.00

* In-Kind: Photo session for the campaign website

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Elect April Freeman

A. Full Name (Last, First, Middle Initial) Irene Kepler		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>10</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		10		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
10		10		2013									
Mailing Address 6039 Pompano St		Transaction ID : VN8ZPB3PJG9											
City Fort Myers	State FL	Zip Code 33919-4408											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>200.00</div>											
Name of Employer SW Florida College	Occupation Professor												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>300.00</div>												
B. Full Name (Last, First, Middle Initial) Jeffrey Kushner		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>28</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		28		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
10		28		2013									
Mailing Address 1395 Landmark Ct		Transaction ID : VN8ZPBCZCR0											
City Fort Myers	State FL	Zip Code 33919-2252											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>300.00</div>											
Name of Employer Attorney	Occupation Own Practice												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>300.00</div>												
C. Full Name (Last, First, Middle Initial) Lewis Robinson		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>02</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		02		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
10		02		2013									
Mailing Address 17501 Village Inlet Ct		Transaction ID : VN8ZPBK9M32											
City Fort Myers	State FL	Zip Code 33908-7107											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>50.00</div>											
Name of Employer None	Occupation Retired												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>460.00</div>												
SUBTOTAL of Receipts This Page (optional).....		<div>550.00</div>											
TOTAL This Period (last page this line number only).....		<div></div>											

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Elect April Freeman

A. Full Name (Last, First, Middle Initial) Lewis Robinson		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2013	
Mailing Address 17501 Village Inlet Ct		Transaction ID : VN8ZPB7FCX4	
City Fort Myers	State FL	Zip Code 33908-7107	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 460.00		
B. Full Name (Last, First, Middle Initial) Anne P Vonrosenstiel		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2013	
Mailing Address 924 Monterey Pt NE		Transaction ID : VN8ZPB7BT47	
City Saint Petersburg	State FL	Zip Code 33704-2319	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) John White		Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2013	
Mailing Address PO Box 128		Transaction ID : VN8ZPBF4EB3	
City Boca Grande	State FL	Zip Code 33921-0128	Amount of Each Receipt this Period 5000.00 * In-Kind: Video production and post production
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		
SUBTOTAL of Receipts This Page (optional).....		5450.00	
TOTAL This Period (last page this line number only).....			

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : VN8ZPBF4EB3

Video production, post production, hosting, and graphic design.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elect April Freeman

Full Name (Last, First, Middle Initial)

John M Wolf Jr.

A.

Mailing Address 3323 Twin Lakes Ln

City

Sanibel

State

FL

Zip Code

33957-5529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2013

Transaction ID : VN8ZPBEY721

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

John M Wolf Jr.

B.

Mailing Address 3323 Twin Lakes Ln

City

Sanibel

State

FL

Zip Code

33957-5529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2013

Transaction ID : VN8ZPBEY754

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Martha O. Wolf

C.

Mailing Address PO Box 1429

City

Sanibel

State

FL

Zip Code

33957-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2013

Transaction ID : VN8ZPBSMXQ8

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7200.00

15000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 30

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Elect April Freeman

Full Name (Last, First, Middle Initial)
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL COMM

A.

Mailing Address 7234 Parkway Dr

City State Zip Code
Hanover MD 21076-1307

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
10 20 2013

Transaction ID : VN8ZPB7FH12

Amount of Each Receipt this Period

5000.00

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

5000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elect April Freeman

Full Name (Last, First, Middle Initial)

A. Delta AirlinesMailing Address PO Box 20980
Dept 980

City Atlanta State GA Zip Code 30320-0980

Purpose of Disbursement
DC Trip - Airfare for D. Levin Campaign Manager

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2013

Amount of Each Disbursement this Period

322.60

Transaction ID : VN80E9PQBP2

B. Delta AirlinesMailing Address PO Box 20980
Dept 980

City Atlanta State GA Zip Code 30320-0980

Purpose of Disbursement
DC Trip - Airfare for A Freeman Candidate

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2013

Amount of Each Disbursement this Period

322.60

Transaction ID : VN80E9PQBQ0

C. Delta AirlinesMailing Address PO Box 20980
Dept 980

City Atlanta State GA Zip Code 30320-0980

Purpose of Disbursement
Baggage Fee D. Levin

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2013

Amount of Each Disbursement this Period

25.00

Transaction ID : VN80E9PQBY6

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

670.20

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elect April Freeman

Full Name (Last, First, Middle Initial)

A. Delta AirlinesMailing Address PO Box 20980
Dept 980

City Atlanta State GA Zip Code 30320-0980

Purpose of Disbursement
Baggage Fee A. Freeman

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2013

Amount of Each Disbursement this Period

25.00

Transaction ID : VN80E9PQBZ3

B. Delta AirlinesMailing Address PO Box 20980
Dept 980

City Atlanta State GA Zip Code 30320-0980

Purpose of Disbursement
Baggage Fee D. Levin

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2013

Amount of Each Disbursement this Period

25.00

Transaction ID : VN80E9PQC01

C. Delta AirlinesMailing Address PO Box 20980
Dept 980

City Atlanta State GA Zip Code 30320-0980

Purpose of Disbursement
Baggage Fee A. Freeman

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2013

Amount of Each Disbursement this Period

25.00

Transaction ID : VN80E9PQC19

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

75.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elect April Freeman

Full Name (Last, First, Middle Initial)

A. Democratic Party of Lee County

Mailing Address 10051 McGregor Blvd

City	State	Zip Code
Fort Myers	FL	33919-1090

Purpose of Disbursement
Office Space for October - November - December 2013

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

Amount of Each Disbursement this Period

300.00

Transaction ID : VN8ZPBVG508I

* In-Kind Received

B. John FernandezMailing Address 3150 Shorewood Ln
Apt 201

City	State	Zip Code
Fort Myers	FL	33907-6507

Purpose of Disbursement
Photo session for the campaign website

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2013

Amount of Each Disbursement this Period

500.00

Transaction ID : VN8ZPBF4EX5I

* In-Kind Received

c. Hampton Inn & SuitesMailing Address 2050 Chenault Dr
Carrollton TX75006

City	State	Zip Code
Carrollton	TX	75006-5054

Purpose of Disbursement
Hotel - FDP Conference - Orlando

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

Amount of Each Disbursement this Period

367.89

Transaction ID : VN80E9PQB92

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1167.89

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elect April Freeman

Full Name (Last, First, Middle Initial)

A. Hotels.comMailing Address 5400 Lbj Fwy
Ste 500City State Zip Code
Dallas TX 75240-1019Purpose of Disbursement
Hotel Rooms - DC Trip

002

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2013

Amount of Each Disbursement this Period

478.80

Transaction ID : VN80E9PQBR8

B. NGP VANMailing Address 1101 15th St NW
Ste 500City State Zip Code
Washington DC 20005-5006Purpose of Disbursement
NGP Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2013

Amount of Each Disbursement this Period

2700.00

Transaction ID : VN80E9PQBH3

c. Mark Evan ShepardMailing Address 3040 Oasis Grand Blvd
Apt 2808City State Zip Code
Fort Myers FL 33916-1628Purpose of Disbursement
Design Work

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2013

Amount of Each Disbursement this Period

380.00

Transaction ID : VN80E9PQA24

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3558.80

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elect April Freeman

Full Name (Last, First, Middle Initial)

A. Mark Evan ShepardMailing Address 3040 Oasis Grand Blvd
Apt 2808City State Zip Code
Fort Myers FL 33916-1628Purpose of Disbursement
Design Work

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2013

Amount of Each Disbursement this Period

280.00

Transaction ID : VN80E9PQA31

B. Staples

Full Name (Last, First, Middle Initial)

Mailing Address 1800 NE Pine Island Rd

City State Zip Code
Cape Coral FL 33909-1733Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2013

Amount of Each Disbursement this Period

78.34

Transaction ID : VN80E9PQAX7

c. Staples

Full Name (Last, First, Middle Initial)

Mailing Address 1800 NE Pine Island Rd

City State Zip Code
Cape Coral FL 33909-1733Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2013

Amount of Each Disbursement this Period

46.69

Transaction ID : VN80E9PQAY5

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

405.03

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elect April Freeman

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 1800 NE Pine Island Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2013

City	State	Zip Code
Cape Coral	FL	33909-1733

Amount of Each Disbursement this Period

10.58

Purpose of Disbursement
Office Supplies

001

Transaction ID : VN80E9PQB01

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 1800 NE Pine Island Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2013

City	State	Zip Code
Cape Coral	FL	33909-1733

Amount of Each Disbursement this Period

12.47

Purpose of Disbursement
Printing Services - Copies

001

Transaction ID : VN80E9PQB50

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 1800 NE Pine Island Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		25		2013

City	State	Zip Code
Cape Coral	FL	33909-1733

Amount of Each Disbursement this Period

2.51

Purpose of Disbursement
Printing Services - Copies

001

Transaction ID : VN80E9PQB68

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

25.56

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elect April Freeman

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 1800 NE Pine Island Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		25		2013

City	State	Zip Code
Cape Coral	FL	33909-1733

Amount of Each Disbursement this Period

13.67

Purpose of Disbursement
Printing Services - Copies

001

Transaction ID : VN80E9PQB76

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 1800 NE Pine Island Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2013

City	State	Zip Code
Cape Coral	FL	33909-1733

Amount of Each Disbursement this Period

66.09

Purpose of Disbursement
Office Supplies

001

Transaction ID : VN80E9PQBD3

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 1800 NE Pine Island Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2013

City	State	Zip Code
Cape Coral	FL	33909-1733

Amount of Each Disbursement this Period

53.90

Purpose of Disbursement
Printing Services - Copies

001

Transaction ID : VN80E9PQBG5

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

133.66

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elect April Freeman

Full Name (Last, First, Middle Initial)

A. Thrifty Rental CarMailing Address 23320 Autopilot Dr
23320 Autopilot DrCity State Zip Code
Dulles VA 20166-7705Purpose of Disbursement
Rental Car - DC Trip

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	16	2013

Amount of Each Disbursement this Period

410.79

Transaction ID : VN80E9PQCD4

B. John White

Mailing Address PO Box 128

City State Zip Code
Boca Grande FL 33921-0128Purpose of Disbursement
Video production and post productionCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	18	2013

Amount of Each Disbursement this Period

5000.00

Transaction ID : VN8ZPBF4EB3I

* In-Kind Received

C. John White

Mailing Address PO Box 128

City State Zip Code
Boca Grande FL 33921-0128Purpose of Disbursement
Website Design - Graphics - Video

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	19	2013

Amount of Each Disbursement this Period

1500.00

Transaction ID : VN80E9PQA57

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6910.79

12946.93

SCHEDULE C (FEC Form 3)
LOANS

PAGE 20 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8ZPBVG84L

Elect April Freeman

LOAN SOURCE Full Name (Last, First, Middle Initial)

April Freeman

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2124 NE 15th Ter

City

State

ZIP Code

Cape Coral

FL

33909-1761

Original Amount of Loan

31.96

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

31.96

TERMS

Date Incurred

M M / D D / Y Y Y Y
02 / 15 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

31.96

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 21 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8ZPBVGfV4L

Elect April Freeman

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

April Freeman

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2124 NE 15th Ter

City

State

ZIP Code

Cape Coral

FL

33909-1761

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

68.90

0.00

68.90

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
03 / 29 / 2013M M / D D / Y Y Y Y
/ / noneM M / D D / Y Y Y Y
/ / noneM M / D D / Y Y Y Y
/ / noneM M / D D / Y Y Y Y
/ / none

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

68.90

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 22 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8ZPBVG37L

Elect April Freeman

LOAN SOURCE Full Name (Last, First, Middle Initial)

April Freeman

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2124 NE 15th Ter

City

State

ZIP Code

Cape Coral

FL

33909-1761

Original Amount of Loan

21.45

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

21.45

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 29 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

21.45

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 23 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8ZPBVG86L

Elect April Freeman

LOAN SOURCE Full Name (Last, First, Middle Initial)

April Freeman

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2124 NE 15th Ter

City

State

ZIP Code

Cape Coral

FL

33909-1761

Original Amount of Loan

16.45

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

16.45

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 29 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

16.45

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 24 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8ZPBVGGF2L

Elect April Freeman

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

April Freeman

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2124 NE 15th Ter

City

State

ZIP Code

Cape Coral

FL

33909-1761

Original Amount of Loan

32.86

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

32.86

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 29 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

32.86

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 25 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8ZPBVGH79L

Elect April Freeman

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

April Freeman

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2124 NE 15th Ter

City

State

ZIP Code

Cape Coral

FL

33909-1761

Original Amount of Loan

62.52

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

62.52

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 29 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

62.52

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 26 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8ZPBVGHK4L

Elect April Freeman

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

April Freeman

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2124 NE 15th Ter

City

State

ZIP Code

Cape Coral

FL

33909-1761

Original Amount of Loan

120.42

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

120.42

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 29 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

120.42

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 27 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8ZPBVGHR4L

Elect April Freeman

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

April Freeman

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2124 NE 15th Ter

City

State

ZIP Code

Cape Coral

FL

33909-1761

Original Amount of Loan

58.05

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

58.05

TERMS

Date Incurred

M 03 / D 30 / Y 2013 Y Y

Date Due

M M / D D / Y none Y Y Y

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

58.05

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 28 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8ZPBK9KA5L

Elect April Freeman

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

April Freeman

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2124 NE 15th Ter

City

State

ZIP Code

Cape Coral

FL

33909-1761

Original Amount of Loan

1250.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1250.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 10 / 2013

Date Due

M M / D D / Y Y Y Y
No Terms

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1250.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 29 OF 30

FOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8ZPBVGXN5L

Elect April Freeman

LOAN SOURCE Full Name (Last, First, Middle Initial)

April Freeman

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2124 NE 15th Ter

City

State

ZIP Code

Cape Coral

FL

33909-1761

Original Amount of Loan

352.26

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

352.26

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 26 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

352.26

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 30 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8ZPBVG36L

Elect April Freeman

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

April Freeman

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2124 NE 15th Ter

City

State

ZIP Code

Cape Coral

FL

33909-1761

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

104.19

0.00

104.19

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 15 / 2013M M / D D / Y Y Y Y
/ / noneM M / D D / Y Y Y Y
/ / noneM M / D D / Y Y Y Y
/ / none

none

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

104.19

TOTALS This Period (last page in this line only)..... ►

2119.06

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.